California's 1115 Waiver Behavioral Health Assessment

Presented to the Stakeholder Advisory Committee

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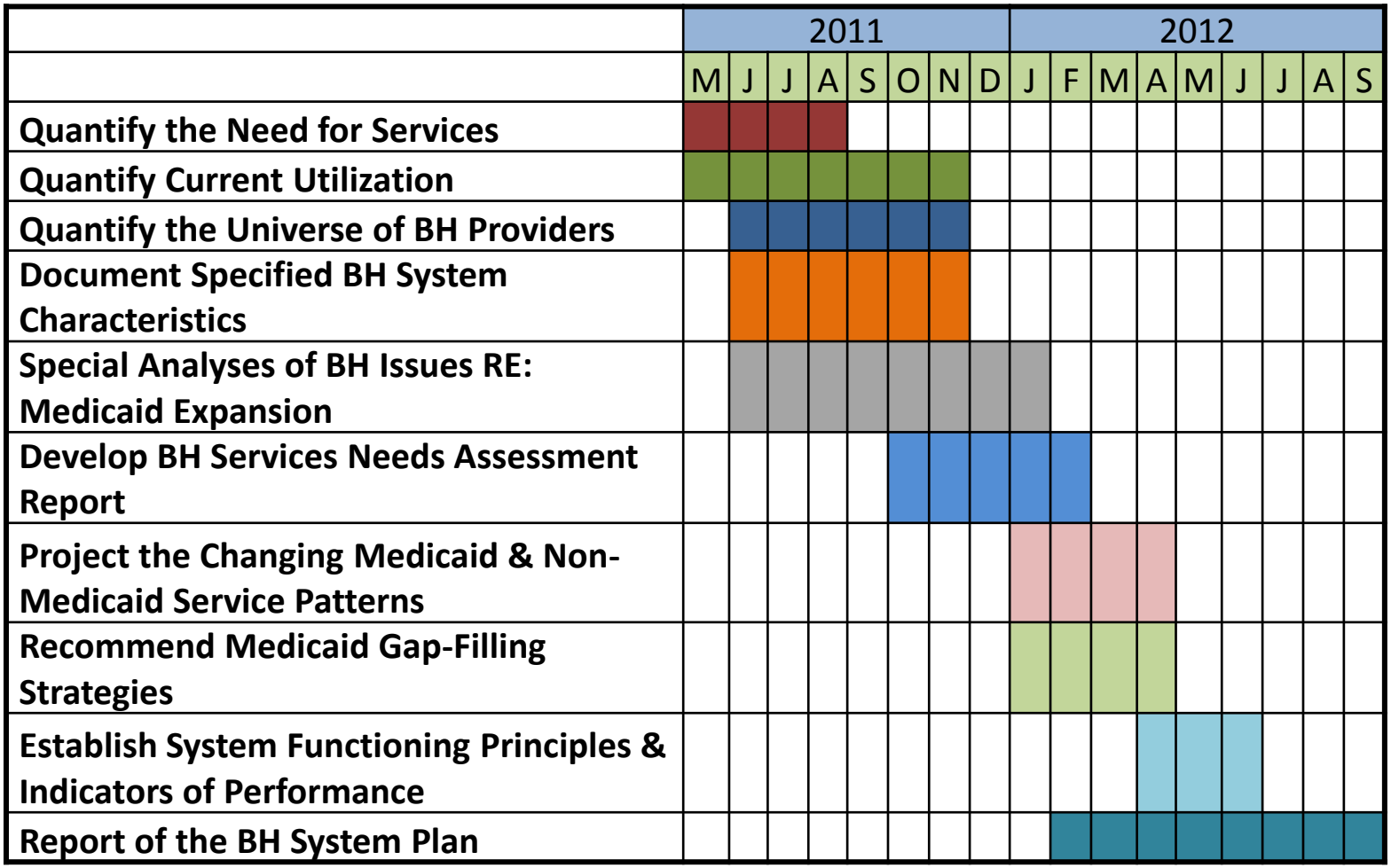
Project Timeline– Graphic



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Project Timeline–Narrative

- Through August 2011
  - Quantify the Need for Services
- Through November 2011
  - Quantify Current Utilization
  - Quantify the Universe of BH Providers
  - Document Specified BH System Characteristics
- Through January 2012
  - Special Analyses of BH Issues RE: Medicaid Expansion

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Project Timeline–Narrative

- Through February 2012
  - Develop BH Services Needs Assessment Report
- January–April 2012
  - Project the Changing Medicaid & Non-Medicaid Service Patterns
  - Recommend Medicaid Gap-Filling Strategies
- April–June 2012
  - Establish System Functioning Principles & Indicators of Performance
- By September 2012
  - Report of the Behavioral Health System Plan

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Data Analysis

- Data transfer from DHCS, ADP and DMH
- Estimating Prevalence
  - Based on 2010 Census by County using Nationally recognized analytic methods
    - National Epidemiologic Survey on Alcohol and Related Conditions, National Co-Morbidity Study, Environmental Catchment Area Study
  - Meeting in September with data advisory workgroup to discuss parameters and priorities
  - Initial prevalence estimate report will be available on 1115 website
- Next will begin quantifying current utilization

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Key Informant Interviews

- Over 100 key informants interviewed to date
- County officials, state officials, consumer groups, providers, trade associations, health plans, and stakeholders representing special populations

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Key Themes– Medicaid Expansion Population

- Need for special engagement /outreach strategies to enroll difficult to engage populations

- Specific populations of concern :
  - Persons experiencing homelessness
  - Persons with substance use disorders and/or mental illness
  - Prison release population
  - Persons whose primary language is not English

- Reduce barriers to enrollment and develop no-wrong door approaches
  - Point of enrollment (e.g., hospital) may drive in part the make-up of early enrollees with varying levels of need.

- Need clear strategies to ensure notification and engagement for enrollment in LIHP for vulnerable persons with mental illness or substance use disorders.

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Key Themes- Integration

- Concerns that the primary care workforce not prepared/trained to work with people with mental health or substance use issues.
- Prepare the primary care system to treat people with mild to moderate mental health needs in order to preserve high end needs for psychiatrists and other mental health professionals.
- Privacy issues and confidentiality viewed by some as a challenge to integration.
- Carving-out behavioral health in the managed care plans viewed by some as a barrier to achieving integration.
- FQHCs identified as having most experience with integration. Though certain barriers impede this integration.
- Challenge to integrate substance use given lack of resources/funding.

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Key Themes– Cultural & Linguistic Disparity

- Counties are aware of the gaps but struggle to fill these gaps.
- Access to treatment due to lack of bi-cultural/bi-lingual workforce particularly acute for Asian/Pacific Islanders and Hispanic/Latino populations.
- Improvements needed for culturally competent care for LGBTQ, Native American, and Asian/Pacific Islander populations in particular.
- There is a need to support population-specific/grass roots providers who are less sophisticated and have fewer resources; also need to build the capacity of other providers to deliver culturally competent services.

Key Themes– Workforce

- Substance use:
  - Sufficient personnel to meet demand
  - Credentialing and licensing requirements that do not reflect persons with lived experience.
  - Training in multiple levels of care from detoxification through outpatient; experience and access is in non – Medicaid funded services such as residential
  - Readying SUD providers to be Medicaid providers

- Mental health:
  - Psychiatry – especially for children and youth.
  - Reimbursement for psychiatrists in Medi-Cal system
  - Persons with lived experience as providers

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Key Themes- Workforce (con't)

- More training to develop competence in co-occurring treatment for both mental health and AOD professionals
- Bi-lingual/bi-cultural staff
- Geographic challenges for recruitment in rural areas
- Case management
- Gaps between non-Medi-Cal provider requirements and Medi-Cal

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Key Themes–Health Information Technology

- Technology infrastructure needs should not be underestimated.
- Privacy issues make it challenging to more effectively share information across physical and behavioral health.
- MHSA important tool for increased use for county mental health providers; variation exists as to stage of implementation; not available for substance use providers.
- Tele-health viewed as a solution to access to care problems especially for psychiatry and for people residing in rural areas.
- Getting workforce trained and comfortable with HIT and EHR use is an important factor in their adoption, as are incentives for use.

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Next Steps

- Data analysis
  - Examine utilization
  - Pairing estimates of need with current utilization to begin assessment of gaps
- Key informant interviews
  - Consumer and family advisory groups to ADP & DMH
  - Key themes from data analysis will drive “next round” of informant interviews
- On track for 3/1/12 submission to CMS

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Stakeholder Engagement

- Over 100 key informant interviews so far with consumers, families, advocates, providers, counties and state staff
- Will be sending out interim information to our stakeholder list and posting on our web site between now and the end of the year
- Email address for any comments or requests to be added to the stakeholder list
- Public review process prior to submission to CMS for:
  - draft Assessment before March of 2012
  - draft Plan before October 2012

DHCS Web and Email

- DHCS Behavioral Health Needs Assessment and Plan Web Site: http://www.dhcs.ca.gov/provgovpart/Pages/BehavioralHealthServicesAssessmentPlan.aspx

- DHCS Behavioral Health Needs Assessment and Plan email address for questions and comments: 1115behavioralhealthassessment@dhcs.ca.gov